



1200 East Broad Street  
Mansfield, Texas 76063  
Telephone: 817-276-4267

<b>JOB CLASSIFICATION:</b>	Digital Media Evidence (DME) Technician
<b>DEPARTMENT:</b>	Police
<b>SALARY:</b>	\$32,000 - 34,500
<b>APPLICATIONS ACCEPTED UNTIL FILLED.</b>	

**JOB DESCRIPTION:**

A civilian position that performs field and administrative work in the collection, preservation, transfer and preparation of evidentiary records, especially that of digital media. Will assist in the preparation of case filing with prosecutorial branches. May also be called upon to complete field and administrative work related to the collection, preservation and investigation of evidence collected at crime scenes.

**EXAMPLES OF WORK TO BE PERFORMED:**

- Collection, download, upload and packaging of Digital Media Evidence (DME) from multiple media platforms for purposes of the property room, crime labs, district attorney's office, open records requests, subpoenas and defense reports.
- Assist Criminalistics Personnel with tasks related to evidence collection and preservation as requested.
- Assist Criminalistics Personnel with tasks related to crime analysis collections and distribution as requested.
- Prepares and completes reports related to evidentiary investigations.
- May be required to testify in court.
- Gathers data necessary for completion of official requests from outside entities.
- Maintains database for departmental photographs.
- Assists other members of the Department.
- Any other duties deemed appropriate by Crime Scene Supervisors.

**REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:**

- This is a civilian, non-sworn assignment.
- Ability to type accurately at a speed of at least 35 words per minute.
- Strong computer skills to include use of Records Management Systems (RMS), Microsoft Office products, file conversion software, and Computer Aided Dispatch (CAD) systems.
- Effective hardware knowledge of media devices such as DVD burners and scanners.
- Ability to gain extensive knowledge of applicable laws and procedures outlined by legislation and department.
- Ability to work meticulously in difficult environments.
- Ability to control emotional responses during high stress situations.

**DESIRED TRAINING AND EXPERIENCE:**

- Degree in a related field from an accredited College or University.
- Previous experience in related field.

The City of Mansfield is an Equal Opportunity Employer and does not discriminate on the basis of disability.

- Willingness and drive to develop skills in digital media field, crime scene and crime analysis.

### **SPECIAL REQUIREMENTS:**

- Valid Texas Driver's License
- Must be at least 18 years of age at the time of application.
- High school graduate or equivalent.
- Ability to pass polygraph, extensive background investigation, physical exam and drug screen if not already completed as a current member of the Mansfield Police Department.
- Hours of operation will vary. Normal schedule is Monday through Friday from 8 a.m. to 5 p.m. Must be willing to respond at any hour of the day or night and work holidays, weekends, and any other day of the week.

### **ESSENTIAL PHYSICAL FUNCTIONS:**

#### **1. The physical activity of this position**

- A. Climbing. Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized.
- B. Balancing. Maintaining body equilibrium to prevent falling and walking, standing or crouching on narrow, slippery, or erratically moving surfaces.
- C. Stooping. Bending body downward and forward by bending spine at the waist.
- D. Kneeling. Bending legs at knee to come to a rest on knee or knees.
- E. Crouching. Bending the body downward and forward by bending leg and spine.
- F. Crawling. Moving about on hands and knees or hands and feet.
- G. Reaching. Extending hand(s) and arm(s) in any direction.
- H. Standing. Particularly for sustained periods of time.
- I. Walking. Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another.
- J. Pushing. Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.
- K. Pulling. Using upper extremities to exert force in order to draw, haul or tug objects in a sustained motion.
- L. Lifting. Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to a considerable degree and requires substantial use of upper extremities and back muscles.
- M. Fingering. Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand as in handling.
- N. Grasping. Applying pressure to an object with the fingers and palm.
- O. Feeling. Perceiving attributes of objects, such as size, shape, temperature or texture by touching with skin, particularly that of fingertips.
- P. Talking. Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.
- Q. Hearing. Perceiving the nature of sounds at normal speaking levels with or without correction. Ability to receive detailed information through oral communication, and to make the discriminations in sound.
- R. Repetitive motion. Substantial movements (motions) of the wrists, hands, and/or fingers.

#### **2. The physical requirements of this position**

The City of Mansfield is an Equal Opportunity Employer and does not discriminate on the basis of disability.

- A. Heavy work. Exerting in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

**3. The visual acuity requirements including color, depth perception, and field vision.**

- A. The worker is required to have close visual acuity to perform an activity such as: preparing and analyzing data and figures; transcribing; viewing a computer terminal; extensive reading.
- B. The worker is required to have visual acuity to perform an activity such as: skilled trade tasks of a non-repetitive or repetitive nature.
- C. The worker is required to have visual acuity to operate motor vehicles.
- D. The worker is required to have visual acuity to determine the accuracy, neatness, and thoroughness of the work assigned or to make general observations of facilities or structures.

**4. The conditions the worker will be subject to in this position**

- A. The worker is subject to both environmental conditions. Activities occur inside and outside.
- B. The worker is subject to extreme cold. Temperatures typically below 32° for periods of more than one hour. Consideration should be given to the effect of other environmental conditions, such as wind and humidity.
- C. The worker is subject to extreme heat. Temperatures above 100° for periods of more than one hour. Consideration should be given to the effect of other environmental conditions, such as wind and humidity.
- D. The worker is subject to noise. There is sufficient noise to cause the worker to shout in order to be heard above ambient noise level.
- E. The worker is subject to hazards. Includes a variety of physical conditions, such as proximity to moving mechanical parts, moving vehicles, electrical current, working on scaffolding and high places, exposure to high heat or exposure to chemicals.
- F. The worker is subject to atmospheric conditions. One or more of the following conditions that affect the respiratory system of the skin: fumes, odors, dust, mists, gases, or poor ventilation.
- G. The worker is frequently in close quarters, crawl spaces, shafts, man holes, small enclosed rooms, small sewage and line pipes, and other areas that could cause claustrophobia.
- H. The worker is required to function in narrow aisles or passageways.





## APPLICATION FOR EMPLOYMENT

City of Mansfield, Texas  
1200 E. Broad Street  
Mansfield, Texas 76063  
Phone: (817) 276-4267  
FAX: (817) 473-7487  
www.mansfieldtexas.gov

Please print. All information must be legible. Application must be completed in full or will not be considered. Resumes may be attached to completed application. Applicants requiring reasonable accommodation to the application and/or interview process should contact the Human Resources Department for assistance. Equal access to programs, services, and employment is available to all qualified persons. The City of Mansfield is an Equal Opportunity Employer.

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_ Salary Expected: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Please check all that apply: Do you want Regular Full Time Regular Part Time Temporary Full Time  
Temporary Part Time Seasonal (as needed)

How did you learn of this position? Newspaper\* Internet\* Professional Magazine\* Employee Referral  
HR Office Employment Agency Texas Workforce Commission (employment office)

\*Specify which \_\_\_\_\_

Do you have a valid Texas Driver's License? No Yes Type of License: Operator CDL Chauffer  
License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Does anyone related to you (by blood or marriage) work here or is currently a member of the City Council? Yes No  
City Board Commissions? Yes No If yes, list name, their position, and relationship: \_\_\_\_\_

Have you ever worked here before? Yes No If yes, give dates and position held: \_\_\_\_\_

Are you legally eligible for employment in the United States of America? Yes No

Answering "yes" to the following question will not be an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into consideration.

Have you ever plead "guilty" or "no contest" (*nolo contendere*) to, or been convicted of a crime? Yes No  
If you answered "yes," please provide the date(s), location, and details: \_\_\_\_\_

Have you served in the armed forces, armed forces reserve, or national guard of the United States of America? Yes No  
If "yes," please complete the following: BRANCH \_\_\_\_\_ DATE ENTERED \_\_\_\_\_  
DATE OF DISCHARGE \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_  
LIST DUTIES AND TRAINING \_\_\_\_\_

ARE YOU CURRENTLY A MEMBER OF THE RESERVES OR NATIONAL GUARD? Yes No

### EMPLOYMENT HISTORY

List all periods of employment or volunteer activities. If currently UNEMPLOYED, write "unemployed" in the CURRENT



EMPLOYER block and go to the next block. Start with your current status and work backward. If you need additional space, use a plain sheet of paper using the format below for each additional position. You may attach a resume or other documents. COMPLETE EACH SECTION FULLY.

CURRENT EMPLOYER: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
DATES OF EMPLOYMENT: From \_\_\_\_\_ To \_\_\_\_\_  
REASON FOR DESIRING CHANGE: \_\_\_\_\_  
STARTING SALARY: \$ \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? \_\_\_\_  
YOUR DUTIES: \_\_\_\_\_  
\_\_\_\_\_

LAST EMPLOYER: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
DATES OF EMPLOYMENT: From \_\_\_\_\_ To \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
STARTING SALARY: \$ \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? \_\_\_\_  
YOUR DUTIES: \_\_\_\_\_  
\_\_\_\_\_

NEXT PREVIOUS EMPLOYER: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
DATES OF EMPLOYMENT: From \_\_\_\_\_ To \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
STARTING SALARY: \$ \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? \_\_\_\_  
YOUR DUTIES: \_\_\_\_\_  
\_\_\_\_\_

NEXT PREVIOUS EMPLOYER: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
DATES OF EMPLOYMENT: From \_\_\_\_\_ To \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
STARTING SALARY: \$ \_\_\_\_\_ ENDING SALARY \$ \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? \_\_\_\_  
YOUR DUTIES: \_\_\_\_\_  
\_\_\_\_\_

PLEASE EXPLAIN IN DETAIL ANY TIME LAPSES DUE TO UNEMPLOYMENT OR OTHER REASONS.

LIST LICENSES or CERTIFICATIONS RELATED TO THE JOB FOR WHICH YOU ARE APPLYING.

LIST PROFESSIONAL OR TECHNICAL LICENSES, REGISTRATION, CERTIFICATES, OR MEMBERSHIPS YOU POSSESS.

CHECK ALL SKILLS OR ABILITIES, BELOW, THAT YOU POSSESS THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING.

Typing / Speed \_\_\_\_\_ WPM      Ten-Key Calculator

Computer    List programs in which proficient: \_\_\_\_\_

**FOR TRADES JOBS ONLY:**

Truck    List type(s): \_\_\_\_\_

Backhoe    List type(s): \_\_\_\_\_

Grader    List type(s): \_\_\_\_\_

Dozer    List type(s): \_\_\_\_\_

Tractor    List type(s): \_\_\_\_\_

Mower    List type(s): \_\_\_\_\_

Other equipment    List type(s): \_\_\_\_\_

**EDUCATION**

SCHOOL	NAME AND LOCATION	FROM	TO	GRADUATED/COMPLETED
High School				Diploma      GED
Trade School				Course of Study _____ Certification _____
College				Degree obtained _____ Major _____ Minor _____
Other				

## ACKNOWLEDGEMENT

### READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from employment with the City of Mansfield whenever it is discovered.

I give the City of Mansfield the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the City of Mansfield and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

The City of Mansfield does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only six (6) months for the position for which application is made. I acknowledge that this application, once submitted to the City of Mansfield, becomes the property of the City of Mansfield.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the City of Mansfield reserves the same right to terminate my employment during the probationary period at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the City of Mansfield, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the policy of the City of Mansfield not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_





## *Human Resources*

*1200 E. Broad Street  
Mansfield, Texas 76063  
817-276-4280*

### **READ CAREFULLY BEFORE SIGNING**

Prior to employment, applicants will be investigated as to convictions for prior criminal offenses. A prior conviction will not automatically disqualify an applicant for employment and will be considered only as it relates to the job applied for and as it may assist in determining character traits of the applicant. However, falsification of the application will result in disqualification for employment.

All applicants for full time or regular part-time positions are requested to take a physical examination, INCLUDING DRUG SCREENING.

All job offers are contingent on the successful completion of reference checks, police check, driver's license check (if applicable), and physical exam (if applicable).

All applications become the property of the *City of Mansfield*. Applications will be kept on file six months.

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*I hereby request and authorize you to render any information regarding my employment, character, qualifications, habits, reputation, credit, medical history, past record of performance, or any other pertinent information to the City of Mansfield. Any information furnished is at my express request and for my benefit.*

*I hold said representative or agent furnishing aforesaid information harmless, and I do hereby release them from any and all liability for damage of whatsoever nature because of furnishing such information.*

*I further understand that this information will be "confidential" between the City of Mansfield and all other parties involved.*

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*Signature of Applicant*

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*Date*



## Applicant Notification / Release of Information

In connection with my application for employment, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that prospective employer and/or First Check may make inquiries, including but not limited to my consumer credit history, education, professional licensing, and criminal history and driving history. Furthermore, I understand that prospective employer and/or First Check may request information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, civil and other experiences.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and the scope of the investigation, as well as the name of the reporting agency or sources of information.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by prospective employer and/or First Check to furnish any or all of the above mentioned information. In addition, I hereby release First Check and prospective employer from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith provide to prospective employer and/or First Check the above mentioned information as requested, in order to successfully complete a background investigation for my application of employment. I will allow a photocopy of this authorization to be as valid as the original.

Print Full Name: \_\_\_\_\_

Social Security \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Prospective Employer \_\_\_\_\_

Applicants Signature \_\_\_\_\_

\*\* Notary Signature \_\_\_\_\_ Printed \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ Commission Expires \_\_\_\_\_

\* Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records, and will not be used for discriminatory purposes. \*\* Only when requested

Print Name: \_\_\_\_\_  
Last First Middle Maiden

Today's  
Date: \_\_\_\_\_  
Month Day Year

### SUPPLEMENTAL INFORMATION CARD

The information on this card is used for statistical reporting to various regulatory agencies only. It will be detached from your application and will in no way be used in consideration of your application for employment.

Position applying: \_\_\_\_\_

Race/Sex: Female ☐ Male ☐

- A. ☐ American Indian or Alaska Native  
B. ☐ Asian  
C. ☐ Black or African American  
D. ☐ Hispanic or Latino  
E. ☐ Native Hawaiian or Other Pacific Islander  
F. ☐ Two or more races  
G. ☐ White

How did you learn of this position?

- ☐ Dallas Morning News  
☐ Employee Referral  
☐ Fort Worth Star Telegram  
☐ HR Office  
☐ Mansfield News-Mirror  
☐ Professional Magazine\*  
☐ Texas Workforce Commission  
☐ Other \* \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Month Day Year

#### Internet Site

- ☐ Career Builder  
☐ City  
☐ Monster  
☐ TML  
☐ Other \*

#### \*Specify Which:\*

- ☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ \_\_\_\_\_  
☐ Other \*

Birthplace: \_\_\_\_\_ U.S. Citizen ☐ Yes ☐ No

Have you previously worked for the City? No ☐ Yes ☐ If yes, when? \_\_\_\_\_  
Mo. Year to Mo. Year

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Under what other names have you been employed? \_\_\_\_\_





Mansfield Police Department  
1305 E. Broad Street Mansfield, Texas 76063

Tracy Aaron, Chief of Police

## Mansfield Police Department Applicant Qualifications

Effective: November 18, 2014

**The following is a list of conditions that may disqualify an applicant, whether sworn or civilian, at any time during the hiring process for the Mansfield Police Department:**

- Omission of a required personal history statement
- Willful misrepresentation or falsifications of personal history
- Failure to attach or include required documentation
- Presently under indictment or charges for any criminal offense other than a Class C traffic violation
- Has been on court-ordered community supervision or probation for any criminal offense above the grade of Class B misdemeanor or a Class B misdemeanor within the past ten years from the date of the court order
- Has been convicted of an offense above the grade of a Class B misdemeanor or a Class B misdemeanor within the past ten years
- Has been convicted of a family violence offense
- Conviction at any time for a felony offense
- Is currently prohibited by state or federal law from operating a motor vehicle
- Employees that may potentially operate any city vehicles are prohibited from having more than three moving violations in the past three years.
- Is prohibited by state or federal law from possessing firearms or ammunition
- Multiple convictions (three or more) for failure to maintain financial responsibility within the past three years.
- Unlawful use of marijuana or hashish within the past three years.
- Unlawful use of any controlled substance or dangerous drugs as defined by the Texas Health and Safety Code within the past ten years.
- Any sale or manufacture of a controlled substance, marijuana or dangerous drug as defined by the Texas Health and Safety Code
- Presently on court ordered community supervision or probation for any offense above a Class C misdemeanor
- Less than honorable discharge from the military service
- Indicators of serious, repeated employment instability
- Financial history indicating lack of judgment, dependability, or trustworthiness
- Indicators of inadequate interpersonal skills
- Indicators that applicant is not suited for employment
- Deceptive polygraph results
- Unfavorable background investigators recommendation
- Unfavorable psychological exam
- Unfavorable medical/drug screening results as reported to the Human Resource Department by the testing agency

# TEXAS COMMISSION ON LAW ENFORCEMENT

## APPLICANT'S PERSONAL HISTORY STATEMENT

### Mansfield Police Department

NAME \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

COMPLETE AND RETURN BY \_\_\_\_\_

I am applying for:

- ☐ Peace Officer PID# \_\_\_\_\_
- ☐ County Jailer PID# \_\_\_\_\_
- ☐ Telecommunicator PID# \_\_\_\_\_
- ☒ Civilian Employment

**Personal History Statement Instructions**

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification.**
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT.** Your application **will be evaluated on completeness and neatness.**
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required- modify list as necessary
  - ☐ Completed Personal History Statement
  - ☐ Copy of your Social Security card.
  - ☐ Original certified copy of your birth certificate. (No photo copy)
  - ☐ Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
  - ☐ Copy of your High School diploma or GED certificate.
  - ☐ Sealed original certified copy of your college transcript. (No photo copy)
  - ☐ Photocopy of your college diploma.
  - ☐ Copy of your DD-214 if applicable. Must possess an honorable discharge.
  - ☐ Original certified copy of your Naturalization papers, if applicable. (No photo copy)
  - ☐ Copy of current proof of automobile liability insurance.
  - ☐ Copy of a TCOLE approved Firearms Qualifications within the last 12 months.
10. If you have any questions, please contact your assigned background investigator
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.



**Applicant Qualification Section**

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer or jailer in Texas.

Initial: \_\_\_\_\_ I am a citizen of the United States of America.

\_\_\_\_\_ I have earned a high school diploma or a GED.

\_\_\_\_\_ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

\_\_\_\_\_ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

\_\_\_\_\_ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge.

**DISQUALIFICATION**

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

**APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No.	
Date of Birth	Social Security No.	Pager No.	
		Drivers License No. & State	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

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Place of Birth (City, County, State, Country) \_\_\_\_\_

Are you a U.S. Citizen by Birth? \_\_\_\_\_ Are you a Naturalized Citizen? \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Scars, Tattoos (description and location) or other distinguishing marks \_\_\_\_\_

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Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s). \_\_\_\_\_

List ALL E-Mail Addresses (S) \_\_\_\_\_

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**MARITAL & FAMILY HISTORY**

Single\_\_\_\_\_ Married\_\_\_\_\_ Engaged\_\_\_\_\_ Co-habiting\_\_\_\_\_

Spouse's/Co-habitant's name (include maiden name)\_\_\_\_\_

Address\_\_\_\_\_

Date of Birth\_\_\_\_\_ Date of Marriage\_\_\_\_\_

Employer(s)\_\_\_\_\_

Employer &amp; Address\_\_\_\_\_

Home Telephone No.\_\_\_\_\_ Work Telephone No.\_\_\_\_\_

Roommate(s)(do not include parents or cohabitants)\_\_\_\_\_

Date(s) of birth\_\_\_\_\_

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Separated \_\_\_\_\_ Date \_\_\_\_\_  
 Divorced \_\_\_\_\_ Date \_\_\_\_\_  
 Widowed \_\_\_\_\_ Date \_\_\_\_\_  
 Annulled \_\_\_\_\_ Date \_\_\_\_\_  
 Court or State issued \_\_\_\_\_  
 Ex-spouse's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

Date of Marriage \_\_\_\_\_  
 City & State \_\_\_\_\_  
 Separated \_\_\_\_\_ Date \_\_\_\_\_  
 Divorced \_\_\_\_\_ Date \_\_\_\_\_  
 Widowed \_\_\_\_\_ Date \_\_\_\_\_  
 Annulled \_\_\_\_\_ Date \_\_\_\_\_  
 Court or State issued \_\_\_\_\_  
 Ex-spouse's Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Telephone No. \_\_\_\_\_

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Address



Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

Relationship	Name	Complete Address	Phone Number	DOB

### **RESIDENCES**

Identify all residences where you have lived in the last 10 years, **beginning with the most recent, including your present address.** List date by month/year. **Include military assignments. (No TDY's)**

From	To	Address	City	State & Zip code

**PERSONAL REFERENCES**

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Identify below any employees of the Texas Commission on Law Enforcement with whom you are acquainted:

_____	_____
_____	_____
_____	_____
_____	_____

**TRAFFIC RECORD**

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever possessed a driver's license issued by any state other than Texas? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details below:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Have you **ever** had your driver's license suspended or revoked? Yes \_\_\_ No \_\_\_ If yes, give reason, date, and length of suspension: \_\_\_\_\_  
\_\_\_\_\_

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

**ARRESTS, DETENTIONS, AND LITIGATION**

Have you **ever** been arrested or detained by law enforcement?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you **ever** committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain: \_\_\_\_\_

Have you **ever** assaulted another person since the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain: \_\_\_\_\_

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: \_\_\_\_\_

Have you **ever** been a party to a civil suit or action? If yes, explain: \_\_\_\_\_

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: \_\_\_\_\_

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: \_\_\_\_\_

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_



**FAMILY AND RELATIVES' ARRESTS**

Have members of your immediate family or close relatives have ever been arrested?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

**FINANCIAL HISTORY**

Your current net monthly income \_\_\_\_\_

Spouse's current net monthly income \_\_\_\_\_

Source

Amount

Frequency

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any accounts with a financial institution? Yes\_\_\_\_ No\_\_\_\_

Name(s) of financial institution(s)\_\_\_\_\_

Type(s) of account(s)\_\_\_\_\_

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance

**CREDIT INFORMATION**

Have you **ever** filed bankruptcy personally or on behalf of a business? Yes\_\_\_\_\_ No\_\_\_\_\_

If "Yes" to above, indicate type \_\_\_\_\_

Have you **ever** had any personal or real property repossessed or foreclosed? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you **ever** failed to pay Federal, state, or other taxes? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you **ever** failed to file a tax return, when required by law? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you **ever** had a lien placed against your property for failing to pay taxes or other debts? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you **ever** had a judgment entered against you? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you **ever** defaulted on any type of loan? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you **ever** had bills or debts turned over to a collection agency? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you **ever** written a check that was later returned for Non Sufficient Funds (NSF)? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you **ever** been delinquent on court-imposed alimony or child support payments? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you currently more than sixty (60) days delinquent on any debts? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you **ever** applied for unemployment compensation? Yes\_\_\_\_\_ No\_\_\_\_\_ When? \_\_\_\_\_

Have you **ever** received unemployment compensation? Yes\_\_\_\_\_ No\_\_\_\_\_ When? \_\_\_\_\_

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Number of Days Late	Reason

**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes \_\_\_\_ No \_\_\_\_

1. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

2. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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Identify any disciplinary actions you received: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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3. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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Identify any disciplinary actions you received: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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4. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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Identify any disciplinary actions you received: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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5. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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Identify any disciplinary actions you received: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

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6. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

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Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

7. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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\_\_\_\_\_

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Identify any disciplinary actions you received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_

8. Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_ Beginning and Ending Salary \_\_\_\_\_ / \_\_\_\_\_

Work Schedule \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_

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Identify any disciplinary actions you received: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there an unemployment period between previous employment and the one listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide dates and explain: \_\_\_\_\_

\_\_\_\_\_



**EDUCATIONAL HISTORY**

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? \_\_\_\_\_

Were you **ever** expelled from school? If yes, give details: \_\_\_\_\_

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

**MILITARY OBLIGATION**

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Served from \_\_\_\_\_ to \_\_\_\_\_ Highest Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Type of discharge \_\_\_\_\_ Last Duty Station: \_\_\_\_\_

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes \_\_\_\_\_ No \_\_\_\_\_

Serving from \_\_\_\_\_ to \_\_\_\_\_ Current Rank held \_\_\_\_\_  
Date Date

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

**SPECIAL QUALIFICATIONS & SKILLS**

Identify any special licenses you hold (e.g., pilot, radio operator): \_\_\_\_\_

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)**

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL DECLARATIONS**

Do you consume alcoholic beverages? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", how often? \_\_\_\_\_

Have you **ever** used marijuana or hashish? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when last used? \_\_\_\_\_

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes how often \_\_\_\_\_ When last used \_\_\_\_\_

Provide explanation: \_\_\_\_\_

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a police officer?

If yes, explain:

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Have you **ever** been employed by or applied with any other law enforcement agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

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I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this\_\_ day of \_\_\_\_\_, \_\_\_\_\_

SEAL or STAMP

\_\_\_\_\_  
Signature of Notary  
My Commission Expires: \_\_\_\_\_



**Human Resources**  
1200 East Broad Street  
Mansfield, Texas 76063  
(817) 276-4267

### READ CAREFULLY BEFORE SIGNING

Prior to employment, applicants will be investigated as to convictions for prior criminal offenses. A prior conviction will not automatically disqualify an applicant for employment and will be considered only as it relates to the job applied for and as it may assist in determining character traits of the applicant. However, falsification of the application will result in disqualification for employment.

All applicants for full time or regular part-time positions are requested to take a physical examination, INCLUDING DRUG SCREENING.

All job offers are contingent on the successful completion of reference checks, police check, driver's license check (if applicable), and physical exam (if applicable).

All applications become the property of the City of Mansfield. Applications will be kept on file six months.

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*I hereby request and authorize you to render any information regarding my employment, character, qualifications, habits, reputation, credit, medical history, past record of performance, or any other pertinent information to the City of Mansfield. Any information furnished is at my express request and for my benefit.*

*I hold said representative or agent furnishing aforesaid information harmless, and I do hereby release them from any and all liability for damage of whatsoever nature because of furnishing such information.*

*I further understand that this information will be "confidential" between the City of Mansfield and all other parties involved.*

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Signature of Applicant

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Date

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

SEAL or STAMP

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Signature of Notary

My Commission Expires: \_\_\_\_\_